

**Board of Health Meeting  
Executive Summary**

*(This is an executive summary of board actions from **August 27, 2014** pending approved official board minutes.)*

**Present:**

Linda F. Montgomery, Chair (Jerome County)  
Angenie McCleary, Comm., Vice-Chair (Blaine County)  
Tom Faulkner, Comm., Trustee (Gooding County)  
Charlie Ritter, (Lincoln County)  
Terry Kramer, Comm. (Twin Falls County)  
Pam Jones, RN (Camas County)  
Cheryl Juntunen, RN (Minidoka County)  
Bob Kunau, Comm. (Cassia County)  
Peter G. Curran, MD, MHCDS, FACP (Medical Consultant)

**Staff:**

Rene LeBlanc, RS, District Health Director  
Cheryle Becker, RN, FACH & Preparedness Administrator  
Jeff Pierson, MCP, Information Management Administrator  
Melody Bowyer, REHS, EH Director  
Karyn Goodale, Community Health Director - Excused  
Jeremy St Clair, Fiscal Officer  
Eric Myers, Business Operations  
Amy Lierman, PIO - Excused  
Angie Tamayo-Wojcik, HRA

**Guest(s):**

Ross Edmonds, Administrator, Division of Behavioral Health, IDHW  
Scott Rasmussen, Program Manager – Region V, Division of Behavioral Health, IDHW

- I. **CONVENE:** 1:30 p.m.
  - Correspondence - None.
  - Additional Agenda Items – None.
- II. **CONSENT AGENDA** – Approved (by motion)
  - A. Approval of Minutes, June 25, 2014
  - B. Financial Reports – FY 2014 closeout; FY 2014 Actuals; July 2014 (FY 2015).
  - C. Heyburn Facility Newsletter.
  - D. Energy Efficiency Measures – Fall 2014.

**PRESENTATION: REGIONAL BEHAVIORAL HEALTH BOARDS – Ross**  
Edmonds/Scott Rasmussen (IDHW)

The board heard a presentation from IDHW on the intent and progress of the Regional Behavioral Health Boards across the state. Most regions are in the process of selecting their executive committee and accepting and approving applications for the full board membership. Some areas are forming sub-committees to study future actions/options. At this point, each board has the option to select which entity they would like to partner with for administrative support. Options include: IDHW, or local governmental agency (i.e. county or public health district) for seek non-profit status. Two counties (Blaine and Twin Falls) indicated they would not consider administrative support for various germane reasons. The board agreed, by consent, to study further the possibility of partnering with the RBHB. Board members were asked to develop questions for discussion at the next meeting (September 24<sup>th</sup>).

**III. ACTION ITEMS**

- A. Items pulled from the Consent Agenda – None.
- B. Review/approve Heyburn Facility Design (Floor Plan Design Change #1) – Eric Myers. The board reviewed the architects floor plan (change #1) and viewed the proposed building footprint on a google earth relief of the lot in Heyburn. Discussion focused upon the size of parking and traffic flow as well as diagonal parking for district vehicles and staff along the western border of the construction envelope. The board also reviewed expenditures to date. The board approved the design change (with recommendations) and the expenditures.
- C. Review/approve the proposed action regarding the Title X contract. – Cheryle Becker/Rene LeBlanc. Cheryle Becker and Rene LeBlanc briefed the board on the current situation regarding the Title X contract.
  - i. The Title X contract is a grant received by IDHW (grantee); it is their program and they exercise responsibility for ensuring access to services in Idaho.
  - ii. This is a continuation of emails sent to board members on July 14 and 15 outlining the HHS (Office of Population Affairs) notice of award (NOA) to two (2) grantees in Idaho; IDHW and Planned Parenthood of the Greater Northwest (PPGNW).
  - iii. As a result, PPGNW was awarded to serve Twin Falls Area and IDHW was to serve the remaining 43 counties in Idaho (contracting to the public health districts).
  - iv. Concurrently, the Clinical Specialist (PA) for SCPHD resigned effective July 25<sup>th</sup> (board notification on July 18) and left the district to work for a Medical Center (Family Practice) in West Jordan, Utah.

- v. The district is under the state personnel system and therefore must follow the rules of DHR and the Personnel Commission (IDAPA 15.04.01). We coordinated with DHR for the open announcement (4 weeks in total; 2 registers), advertised in social media, a national clearinghouse, the Times-News, Craig's List, and with IDHW to find recruits.
- vi. All efforts resulted in a total of 4 applicants (2 registers: 2 individuals graduated on August 1, 2014 from ISU; and 2 applicants from August of 2013; only one was currently employed (Community Health Center, Snohomish, WA).
- vii. Dr. Nikki Halverson (Medical Director, Family and Children's Health Division reviewed and agreed to interview 1 applicant since her medical license is required to preceptor a PA (Physician Assistant). The single applicant was interested in a loan repayment program through the National Health Service Corps (HRSA) which we do not qualify. She withdrew her application on August 22.
- viii. The contract for Family Planning/Reproductive Health was received on August 20 for action; it was brought to the board.
- ix. The board inquired about contracting for a clinician; however, the rules of Title X do not favor a sub-recipient (SCPHD) to sub-contract. Such action must be approved by the grantee.
- x. Due to changes in HIPAA, ARRA (HITECH) for EMR's, and Risk Management (insurer of the district) any clinician (PA or NP) must be an employee of the district to access our EMR, be covered by Risk Management and to have access to district vehicles. The current pay scale is pay grade "N" with policy set at \$34.76 and 125% of policy set at \$43.45.
- xi. We start a clinician at \$35/hr. plus benefits. The state pay scale inhibits us from competing in the market for a higher rate because of the ceiling established at 125% of policy (\$43.45/hr.).
- xii. After a lengthy discussion, the board determined that SCPHD could not sign the contract (sub-recipient) without a clinician. The vote was in the majority (7-2).

D. Review/Approve Carry-over requests for inclusion into the September 2014 Budget Revision – Jeremy St Claire. The year-end closeout was reviewed by the board and all requests were approved. Additional revenues in FY 2014 equalled \$612,400 (Revenues, Salary Savings, and Operating) less obligated funds and prior year approved projects. There was a request for \$253,600 for one-time projects of which:

- i. 64% for Facilities/General Support.
- ii. 5% for FACH (clinic equipment; staff training).
- iii. 4% for EH (staff CEU training).
- iv. 2% for CH (Dental equipment).
- v. 25% for IMD (IT/Community Relations).
- vi. \$300,000 was designated for the building fund (restricted).

- vii. Commissioner McCleary asked the board to consider \$500-\$1,000 be designed to purchase discounted bus passes for WIC clients in the Bellevue office. There is an issue of transportation needs for these low-income clients. The board consented to add this item to the carry-over list as a line item.

IV. **DISCUSSION ITEMS – NO ACTION**

- A. SHIP Grant (IDHW) and the Role of the Regional Collaborative – Rene LeBlanc. An executive summary of the SHIP grant was reviewed by the board. It is the intent, if selected for funding, that IDHW contract with the 7 public health districts to serve in the capacity of a Regional Collaborative in order to support integration of new Patient Centered Medical Homes (PCMH) with the broader Medical Neighborhood of ancillary services including specialists, hospitals, behavioral health professionals, long term care providers and others. The board agreed by consent to support the concept.
- B. Customer Service Survey & Walk-In Survey – Jeff Pierson. Mr. Pierson updated the Customer Service Survey and Walk-in survey from June 2014. Results show that clients were very satisfied with services and staff. Blaine County was the highest satisfaction rate among all offices. All results were greater than 3.0 on a scale of 1-4 (4 = best). The Walk-In Survey was reviewed and the increased data enables us to predict the days of the week and times of the day when clients are most likely to visit our offices. The data does not include scheduled appointments. This will allow us to ensure coverage during peak times and days within current staffing levels.
- C. Meeting dates:
  - Board of Health Meeting                      September 24, 2014
  - Board of Health Meeting                      October 22, 2014
  - Legislative Reception                          November 12, 2014

V. **ADJOURN** - 4:00 p.m.